

## CHAPTER 874

## H.B. No. 921

## AN ACT

relating to the authority of the comptroller of public accounts to contract for information about revenue or property the state may be legally entitled to recover.

*Be it enacted by the Legislature of the State of Texas:*

SECTION 1. (a) The comptroller of public accounts may contract with any person for the receipt of information about any possible claim that the state may be entitled to pursue for the recovery of revenue or other property, except that this Act shall in no way relate to or affect property which is recoverable by the state pursuant to Chapters 71-75, Property Code.

(b) In any contract under Subsection (a) of this section, the total consideration to be paid by the state:

- (1) shall be contingent on a recovery by the state;
- (2) may not exceed five percent of the amount of the revenue or the value of the other property that the state recovers as a result of the pursuit of the claim about which the contracting person provided information; and
- (3) may be limited by agreement to not exceed a specified, absolute dollar amount.

(c) Consideration may not be paid by the state pursuant to a contract executed under Subsection (a) of this section if at the time the contract is executed or within three months after the date of execution, and by means other than disclosure under the contract, a state employee has knowledge of the claim disclosed under the contract or has knowledge of a cause of action different from that disclosed under the contract but entitling the state to recover the same revenue or other property. An affidavit by a state employee claiming that knowledge under those circumstances is prima facie evidence of the knowledge and circumstances.

SECTION 2. This Act takes effect September 1, 1987.

SECTION 3. This Act expires January 1, 1991. The expiration of this Act does not affect the validity or the authority to enforce the terms of any contract made under this Act before the expiration of this Act.

SECTION 4. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

Passed by the House on May 8, 1987, by a non-record vote. Passed by the Senate on May 22, 1987, by a viva-voce vote.

Approved June 19, 1987.

Effective Sept. 1, 1987.

## CHAPTER 875

## H.B. No. 925

## AN ACT

relating to the inclusion of certain licensed dietitians' services in health insurance coverage.

*Be it enacted by the Legislature of the State of Texas:*

SECTION 1. Subsection (B), Section 2, Chapter 397, Acts of the 54th Legislature, 1955 (Article 3.70-2, Vernon's Texas Insurance Code), is amended to read as follows:

(B) No policy of accident and sickness insurance shall make benefits contingent upon treatment or examination by a particular practitioner or by particular practitioners of the

healing arts hereinafter designated unless such policy contains a provision designating the practitioner or practitioners who will be recognized by the insurer and those who will not be recognized by the insurer. Such provision may be located in the "Exceptions" or "Exceptions and Reductions" provisions, or elsewhere in the policy, or by endorsement attached to the policy, at the insurer's option. In designating the practitioners who will and will not be recognized, such provision shall use the following terms: Doctor of Medicine, Doctor of Osteopathy, Doctor of Dentistry, Doctor of Chiropractic, Doctor of Optometry, Doctor of Podiatry, Audiologist, Speech-language Pathologist, [and] Doctor in Psychology, and Licensed Dietitian.

For purposes of this Act, such designations shall have the following meanings:

Doctor of Medicine: One licensed by the Texas State Board of Medical Examiners on the basis of the degree "Doctor of Medicine";

Doctor of Osteopathy: One licensed by the Texas State Board of Medical Examiners on the basis of the degree of "Doctor of Osteopathy";

Doctor of Dentistry: One licensed by the State Board of Dental Examiners;

Doctor of Chiropractic: One licensed by the Texas Board of Chiropractic Examiners;

Doctor of Optometry: One licensed by the Texas State Board of Examiners in Optometry;

Doctor of Podiatry: One licensed by the State Board of Podiatry Examiners [~~Chiropractic Examiners~~];

Audiologist: One with a master's or doctorate degree in audiology from an accredited college or university and who is certified by the American Speech-language and Hearing Association;

Speech-language Pathologist: One with a master's or doctorate degree in speech pathology or speech-language pathology from an accredited college or university and who is certified by the American Speech-language and Hearing Association; [and]

Doctor in Psychology: One licensed by the Texas State Board of Examiners of Psychologists and certified as a Health Service Provider; and

Licensed Dietitian: One licensed by the Texas State Board of Examiners of Dietitians.

SECTION 2. Section 2, Chapter 397, Acts of the 54th Legislature, 1955 (Article 3.70-2, Vernon's Texas Insurance Code), is amended by adding Subsection (H) to read as follows:

(H) *An individual or group policy of accident or sickness insurance delivered or issued for delivery in this state may not exclude or deny coverage for services performed by a licensed dietitian, or by a provisional licensed dietitian under the supervision of a licensed dietitian, and may not refuse payment and reimbursement for charges for those services if the services are:*

(1) *within the scope of the licensed dietitian's license;*

(2) *related to an injury or illness covered by the policy if those services are scheduled in the policy; and*

(3) *provided under a professional recommendation by a doctor of medicine or doctor of osteopathy whose treatment or examination for the injury or illness would be covered by the policy and would be payable or reimbursable under the policy.*

SECTION 3. Sections 1 and 3, Article 21.52, Insurance Code, are amended to read as follows:

Sec. 1. DEFINITIONS. As used in this article:

(a) "health insurance policy" means any individual, group, blanket, or franchise insurance policy, insurance agreement, or group hospital service contract, providing benefits for medical or surgical expenses incurred as a result of an accident or sickness;

(b) "doctor of podiatric medicine" includes D.P.M., podiatrist, doctor of surgical chiropody, D.S.C. and chiropodist;

(c) "doctor of optometry" includes optometrist, doctor of optometry, and O.D.;

(d) "doctor of chiropractic" means a person who is licensed by the Texas Board of Chiropractic Examiners to practice chiropractic;

(e) "licensed dentist" means a person who is licensed to practice dentistry by the State Board of Dental Examiners;

(f) "audiologist" means a person who has received a master's or doctorate degree in audiology from an accredited college or university and is certified by the American Speech-language and Hearing Association; [and]

(g) "speech-language pathologist" means a person who has received a master's or doctorate degree in speech-language pathology from an accredited college or university and is certified by the American Speech-language and Hearing Association to restore speech loss or correct a speech impairment; and

(i) "licensed dietitian" means a person who is licensed by the Texas State Board of Examiners of Dietitians.

Sec. 3. SELECTION OF PRACTITIONERS. Any person who is issued, who is a party to, or who is a beneficiary under any health insurance policy delivered, renewed, or issued for delivery in this state by any insurance company, association, or organization to which this article applies may select a licensed doctor of podiatric medicine, a licensed dentist, or a doctor of chiropractic to perform the medical or surgical services or procedures scheduled in the policy which fall within the scope of the license of that practitioner, a licensed doctor of optometry to perform the services or procedures scheduled in the policy which fall within the scope of the license of that doctor of optometry, an audiologist to measure hearing for the purpose of determining the presence or extent of a hearing loss and to provide aural rehabilitation services to a person with a hearing loss if those services or procedures are scheduled in the policy, [or] a speech-language pathologist to evaluate speech and language and to provide habilitative and rehabilitative services to restore speech or language loss or to correct a speech or language impairment if those services or procedures are scheduled in the policy, or a licensed dietitian including a provisional licensed dietitian under a licensed dietitian's supervision to provide the services that fall within the scope of the license of that dietitian if those services are scheduled in the policy. The payment or reimbursement by the insurance company, association, or organization for those services or procedures in accordance with the payment schedule or the payment provisions in the policy shall not be denied because the same were performed by a licensed doctor of podiatric medicine, a licensed doctor of optometry, a licensed doctor of chiropractic, a licensed dentist, an audiologist, [or] a speech-language pathologist, or a licensed dietitian. There shall not be any classification, differentiation, or other discrimination in the payment schedule or the payment provisions in a health insurance policy, nor in the amount or manner of payment or reimbursement thereunder, between scheduled services or procedures when performed by a doctor of podiatric medicine, a doctor of optometry, a doctor of chiropractic, a licensed dentist, an audiologist, [or] a speech-language pathologist, or a licensed dietitian which fall within the scope of his license or certification and the same services or procedures when performed by any other practitioner of the healing arts whose services or procedures are covered by the policy. Any provision in a health insurance policy contrary to or in conflict with the provisions of this article shall, to the extent of the conflict, be void, but such invalidity shall not affect the validity of the other provisions of this policy. Any presently approved policy form containing any provision in conflict with the requirements of this Act shall be brought into compliance with this Act by the use of riders and endorsements which have been approved by the State Board of Insurance or by the filing of new or revised policy forms for approval by the State Board of Insurance.

SECTION 4. This Act takes effect September 1, 1987, and applies only to a health insurance policy that is delivered, issued for delivery, or renewed on or after January 1, 1988. A health insurance policy that is delivered, issued for delivery, or renewed before September 1, 1987, is governed by the law that existed at the time the policy was delivered, issued for delivery, or renewed, and that law is continued in effect for that purpose. A health insurance policy that is delivered, issued for delivery, or renewed after August 31, 1987, but before January 1, 1988, is governed by the law that existed

immediately before the effective date of this Act and that law is continued in effect for that purpose.

SECTION 5. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

Passed by the House on May 13, 1987, by a non-record vote; and that the House concurred in Senate amendments to H.B. No. 925 on May 30, 1987, by a non-record vote. Passed by the Senate, with amendments, on May 29, 1987, by a viva-voce vote.

Approved June 19, 1987.

Effective Sept. 1, 1987.

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## CHAPTER 876

### H.B. No. 991

#### AN ACT

relating to the board of managers of the Harris County Hospital District.

*Be it enacted by the Legislature of the State of Texas:*

SECTION 1. Chapter 266, Acts of the 53rd Legislature, Regular Session, 1953 (Article 4494n, Vernon's Texas Civil Statutes), is amended by adding Section 5B to read as follows:

*Sec. 5B. Notwithstanding Section 5 of this Act, the board of managers of the Harris County Hospital District consists of not less than seven (7) nor more than nine (9) members appointed by the Harris County Commissioners Court. The board's terms, powers, and duties are governed by Section 5 of this Act.*

SECTION 2. This Act takes effect January 1, 1988.

SECTION 3. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

Passed by the House on April 30, 1987, by a non-record vote; and that the House concurred in Senate amendments to H.B. No. 991 on May 26, 1987, by a non-record vote. Passed by the Senate, with amendments, on May 21, 1987, by the following vote: Yeas 30, Nays 0.

Approved June 19, 1987.

Effective Jan. 1, 1988.

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## CHAPTER 877

### H.B. No. 1006

#### AN ACT

relating to local perpetual care cemetery city advisory boards in certain cities.

*Be it enacted by the Legislature of the State of Texas:*

SECTION 1. Chapter 340, Acts of the 49th Legislature, 1945 (Article 912a-1 et seq., Vernon's Texas Civil Statutes), is amended by adding Section 14A to read as follows:

*Sec. 14A. LOCAL STANDARDS FOR PERPETUAL CARE CEMETERIES. (a) The governing body of a city may appoint a perpetual care cemetery advisory board to*